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\*\* CONTINUING DATA \*\*\*\*\*

*SRP*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

*SRP*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 5	TOTAL CLAIMS 54 26	INDEPENDENT CLAIMS 14
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35 USC 119 (a-d) conditions met ☒ yes ☒ no ☐ Met after Allowance

Verified and Acknowledged  
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TITLE  
*SRP*  
 Image data based retrospective temporal selection of medical images

FILING FEE  RECEIVED 1578	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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